			•		/	07	7)	06	29	
					Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2003					10 \$20629					
CLAIMS AS FILED - PART I (Column 1) (Column 2)					LL E	MTITY	OR	OTHER		
TOTAL CLAIMS 10				· A	ATE	FEE	]	RATE	FEE	
FOR	NUMBER FIL	FILED . NUMBER EXT		BAS	IC FEE	385.00	OR	Basic fee	770.00	
TOTAL CHARGEABLE CLAIMS	10 minu	nus 20= • · O		х	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS 2 II		inus 3 = 0		×	X43=		OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT			. 0				OR			
* If the difference in column 1 is less than zero, enter "0" in column 2				TC	TAL	<del>                                     </del>	OR	TOTAL	770	
11-24-03 CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					OTHER THAN SMALL ENTITY					
CLAIMS REMAINING		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AFTER AMENDMENT  Rotal a   Independent a   O	Minus	-20	• \	X	9=	\	OR	X\$18=	1	
independent .	Minus	<del></del> 3	- \	. ×	13=		OR	X86≠	1	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					45=	<i>i-</i>		+290=		
			•		OTAL		OR	TOTAL	· \	
11304 (Column 1) (Column 2) (Column 3)					r. FEE	<u></u>	OR	ADDIT. FEE		
CLAIMS REMAINING	٠.	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	R	ιτE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · / O	Mirrus	- 20	-	X	9=		OR	X\$18=		
Total •	<u></u>	MOENT CLAR	1.	X4	3=		OR	X86≃		
Prins: PRESENTATION OF IN	OLIO CLI DEI C		<u> </u>	+14	15 <del>-</del>		OR	+290=		
5-9-05 (Column 1)		/Cah-ma 21	(Column 3)	ADDIT	FEE		OR	TOTAL ADDIT, FEE		
(Column 1) CLAIMS REMANDING AFTER AMENDMENT Total Independent 3	·	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RA	TΕ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total · /3	Minus .	-/3	. 1	XS	9 <b>±</b>		OR	X\$18=		
Independent - 3	Minus	- 3	* /	X4	3=		оя	X86≐		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM					5=		OR	+290=		
* If the entry in column 1 is less than this entry in column 2, write "O" in column 3.  ** If the entry in column 1 is less than this entry in column 2, write "O" in column 3.  **Total ADDIT. FEE  ***OTAL ADDIT. FEE										

FORM PTO-675 (Rex 1000)

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